

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE INTERNATIONAL PROGRAMS		REVIEW DATE  9-12-00	ESTABLISHMENT NO. AND NAME  EST.80, SKANEK KBS		CITY KRISTIANSTAD
FOREIGN PLANT REVIEW FORM					COUNTRY SWEDEN
NAME OF REVIEWER Dr. H. Magsi		NAME OF FOREIGN OFFICIAL Dr. C. Ohlson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/ Re-review <input type="checkbox"/> Unacceptable	

CODES (Give an appropriate code for each review item listed below)  
A - Acceptable    M - Marginally Acceptable    U - Unacceptable    N - Not Reviewed    O - Does not apply

1. CONTAMINATION CONTROL		Cross contamination prevention	28 U	Formulations	55 O
(a) BASIC ESTABLISHMENT FACILITIES		Equipment Sanitizing	29 A	Packaging materials	56 A
Water potability records	01 A	Product handling and storage	30 A	Laboratory confirmation	57 O
Chlorination procedures	02 A	Product reconditioning	31 A	Label approvals	58 O
Back siphonage prevention	03 A	Product transportation	32 A	Special label claims	59 O
Hand washing facilities	04 A	(d) ESTABLISHMENT SANITATION PROGRAM		Inspector monitoring	60 O
Sanitizers	05 A	Effective maintenance program	33 A	Processing schedules	61 O
Establishments separation	06 A	Preoperational sanitation	34 A	Processing equipment	62 O
Pest --no evidence	07 A	Operational sanitation	35 A	Processing records	63 O
Pest control program	08 A	Waste disposal	36 A	Empty can inspection	64 O
Pest control monitoring	09 A	2. DISEASE CONTROL		Filling procedures	65 O
Temperature control	10 A	Animal identification	37 A	Container closure exam	66 O
Lighting	11 A	Antemortem inspec. procedures	38 A	Interim container handling	67 O
Operations work space	12 A	Antemortem dispositions	39 A	Post-processing handling	68 O
Inspector work space	13 A	Humane Slaughter	40 A	Incubation procedures	69 O
Ventilation	14 A	Postmortem inspec. procedures	41 U	Process. defect actions -- plant	70 O
Facilities approval	15 A	Postmortem dispositions	42 A	Processing control -- inspection	71 O
Equipment approval	16 A	Condemned product control	43 U	5. COMPLIANCE/ECON. FRAUD CONTROL	
(b) CONDITION OF FACILITIES EQUIPMENT		Restricted product control	44 A	Export product identification	72 A
Over-product ceilings	17 A	Returned and rework product	45 A	Inspector verification	73 A
Over-product equipment	18 A	3. RESIDUE CONTROL		Export certificates	74 A
Product contact equipment	19 A	Residue program compliance	46 A	Single standard	75 A
Other product areas (inside)	20 A	Sampling procedures	47 A	Inspection supervision	76 A
Dry storage areas	21 A	Residue reporting procedures	48 A	Control of security items	77 A
Antemortem facilities	22 A	Approval of chemicals, etc.	49 A	Shipment security	78 A
Welfare facilities	23 A	Storage and use of chemicals	50 A	Species verification	79 A
Outside premises	24 A	4. PROCESSED PRODUCT CONTROL		"Equal to" status	80 A
(c) PRODUCT PROTECTION & HANDLING		Pre-boning trim	51 A	Imports	81 O
Personal dress and habits	25 A	Boneless meat reinspection	52 A		
Personal hygiene practices	26 A	Ingredients identification	53 O		
Sanitary dressing procedures	27 A	Control of restricted ingredients	54 O		

FOREIGN PLANT REVIEW FORM (reverse)	REVIEW DATE	ESTABLISHMENT NO. AND NAME	CITY
	9-12-00	EST.80, SKANEK KBS	KRISTIANSTAD
			COUNTRY
			SWEDEN
NAME OF REVIEWER Dr. H. Magsi	NAME OF FOREIGN OFFICIAL Dr. C. Ohlson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/ Re-review <input type="checkbox"/> Unacceptable

COMMENTS:

28. Carcasses were not finally washed before making opening cuts before evisceration/postmortem inspection.
41. Mesenteric lymph noded were not palpated
43. Condemned/ inedible, and dead on arrival (DOA) carcasses were not denatured/ decharacterized before removal from the establishment premises.

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE INTERNATIONAL PROGRAMS  <b>FOREIGN PLANT REVIEW FORM</b>		REVIEW DATE  9-14-00	ESTABLISHMENT NO. AND NAME  EST. 455, COLDSPED AB		CITY KRISTIANSTAD  COUNTRY SWEDEN
NAME OF REVIEWER Dr. H. Magsi		NAME OF FOREIGN OFFICIAL Dr. C. Ohlson		EVALUATION <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable/ Re-review <input type="checkbox"/> Unacceptable	

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